ENGINEERING PLAN REVIEW SUBMITTAL SHEET



City of Madera Engineering Division 205 West Fourth Street Madera, CA 93637 Phone: (559) 661-5418

Fax: (559) 675-6605

PLANNING DEPARTMENT ENTITLEMENT NUMBER		
CUP	GPA	
PPL	REZ	
SPR	SPL	
TPM	TSM	
OTHER		

EPRS#		OTHER
Assessor's Parcel Num	ber (APN):	
1	2	3
Type of Submittal:	☐ New (Never Submitted before)	☐ Corrections
Project Type:	☐ Private Development	□Subdivision
Project Description:		
Project Name:		
Site Address:	(If no address is availe	able give general location)
	(II IIO address is availa	tote give general location)
	ENG	GINEER
Engineering Firm:	Responsible Engineer:	
Address:		Office Phone Number:
Cell Phone Number:	Email Address:	
	Note: It is City policy to contact Responsi	ble Engineer regarding plan review comments
	OWNER	/DEVELOPER
Name:		
		Office Phone Number:
Cell Phone Number:	Email Address:	
Signature		Date
	BELOW TO BE COM	PLETED BY CITY STAFF
Date Submitted:		
Plan Check Fee: \$		_